

**Independent Medical Review Final Determination Letter**

Dated: 04/18/2022

1018



BILAL KASSEM

FARBER &amp; COMPANY

333 HEGENBERGER RD STE 504

OAKLAND, CA 94621

<b>IMR Case Number:</b>	CM22-0035834	<b>Date of Injury:</b>	02/15/2019
<b>Claim Number:</b>	040519008736	<b>UR Denial Date:</b>	02/22/2022
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	03/21/2022
<b>Employee Name:</b>	JONATHAN SHOCKLEY		
<b>Provider Name:</b>	BABAK JAMASBI MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
1. THERAPY: ACUPUNCTURE X 6			

DEAR BILAL KASSEM,

On 03/23/2022, your request for an Independent Medical Review (“IMR”) of the above workers’ compensation case was assigned to MAXIMUS Federal Services. As of the date of this letter, the IMR is now completed. This letter provides you with the IMR Final Determination and explains how the determination was made.

**Final Determination: UPHOLD.** This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

MAXIMUS Federal Services

cc: Department of Industrial Relations, CHUBB & SON (WC) - LOS ANGELES, CA,  
BABAK JAMASBI MD

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:

### Provider

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	09/30/2021	03/18/2022
Remedy Medical Group	02/10/2020	
SimonMed	04/03/2020	

### Rep of Injured Worker

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	04/02/2021	02/04/2022

### Claims Administrator

Provider Name	Dates of Service From	Dates of Service To
Pain & Rehabilitative Consultants Medical Group	07/08/2021	02/11/2022

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer.

The expert reviewer:

- has no affiliation with the employer, employee, providers or the claims administrator;
- has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice;
- was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/service;
- is familiar with governing laws and regulations;
- applied the MTUS Medical Evidence Search Sequence and MTUS Methodology for Evaluating Medical Evidence where appropriate; and
- has the following credentials:
  - State(s) of Licensure: California
  - Certification(s)/Specialty: Acupuncture, Oriental Medicine

## CLINICAL CASE SUMMARY

The following clinical case summary was developed based on a review of the case file, including all medical records:

This is a 43-year-old male who sustained an industrial injury on 2/15/2019. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disorder with radiculopathy, soft tissue disorder related to use, overuse, and pressure of the

right upper arm/forearm and left upper arm, and ulnar nerve lesion of unspecified limb. Per the progress note dated 2/4/2022, the injured worker was not working.

Prior diagnostic testing included MRI and nerve studies.

Previous treatment has included medication management, physical therapy, acupuncture (with benefit), chiropractic, and massage. Medications include Advil, Lidocaine ointment, Voltaren gel, and Flecten patch.

Previous surgeries related to the industrial injury were unclear.

In a progress report dated 2/4/2022 the injured worker reported neck pain with radiation into the bilateral upper extremities and numbness and tingling into the right 4th and 5th digits. In addition, the patient reported bilateral upper extremity pain. The pain radiates from the wrist/hands up into the elbows. The physical examination is unremarkable. The treatment plan included acupuncture.

The request for authorization dated 2/11/2022 was for 6 acupuncture visits for the neck, bilateral elbows, and wrist/hands.

The utilization review dated 2/22/2022 non-certified the request for 6 acupuncture visits for the neck, bilateral elbows, and wrist/hands.

## IMR DECISION SUMMARY

1. Acupuncture 6 visits for the neck, bilateral elbows, wrists and hands      Uphold UR decision

## IMR DECISION(S) AND RATIONALE(S)

**1. Acupuncture 6 visits for the neck, bilateral elbows, wrists and hands is not medically necessary and appropriate.**

### UR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines, Section(s): Chronic Persistent Pain: Diagnostic and Treatment Rec's: Allied Health Interventions.

### IMR Evidence Cited:

MTUS Chronic Pain 2017 Guidelines, Section(s): Chronic Persistent Pain: Diagnostic and Treatment Rec's: Allied Health Interventions.

### IMR Rationale:

Based on the MTUS-guidelines, the acupuncture frequency/duration recommendations note: An initial trial of 5 to 6 appointments is recommended in combination with a conditioning program of aerobic and strengthening exercises. Future appointments should be tied to improvements in objective measures to justify an additional 6 sessions, for a total of 12 sessions.

The MTUS-guidelines note that additional treatments should only occur based on progressively greater, incremental objective gains. The same guidelines indicate that passive care (acupuncture) should be combined with active care (conditioning-aerobic-stretching exercise program). Indications for care discontinuation: resolution, intolerance, lack of measurable improvements, or non-compliance including non-compliance with aerobic and strengthening exercises.

Although it was reported prior acupuncture care as beneficial, no pre-acupuncture, and post-acupuncture baselines (activities of daily living-range of motion-medication intake-function) were documented for comparison purposes. After an unreported number of prior acupuncture sessions, the provider failed to document the areas previously treated, the total number of sessions completed, when the care was last rendered, and any measurable, progressive, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested.

Additionally, there is no clear documentation indicating whether the injured worker is consistently undergoing an independent exercise program (conditioning-aerobic-stretching

exercise program based on injured worker's tolerance) concurrent with the acupuncture care, which is required by the MTUS-guidelines.

Therefore, based on the lack of documentation demonstrating quantifiable medication intake reduction, work restrictions reduction, measurable activities of daily living improvement directly attributable to prior acupuncture or reporting any extraordinary circumstances to override the MTUS-guidelines recommendations, additional acupuncture x 6 (to the neck, bilateral elbows, wrists and hands) is not medically necessary.

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.